



**Tennessee Bureau of Investigation
Forensic Services – Crime Laboratory**



Knoxville
1791 Neals Commerce Lane
Knoxville, TN 37914
865-549-7800

Nashville
901 R. S. Gass Boulevard
Nashville, TN 37216
615-744-4000

Jackson
350 Smith Lane
Jackson, TN 38301
731-426-8717

ALCOHOL/TOXICOLOGY REQUEST

Requesting Individual _____			Agency Case Number: _____		
Email Address _____			County of Offense/Death: _____		
Requesting Agency _____			ORI Number: _____		
Address _____			Date of Offense: _____		
City _____			Type of Offense: DUI <input type="checkbox"/> MVA <input type="checkbox"/> Homicide <input type="checkbox"/>		
Phone Number _____			Vehicular Homicide <input type="checkbox"/>		
			Other <input type="checkbox"/>		
			(specify) _____		
Subject: Last First Middle			Sex _____		Date of Birth ____/____/____
			Race _____		Month Day Year
Drivers License Number	Driver <input type="checkbox"/>	Living <input type="checkbox"/>	Specimen of:		
	Passenger <input type="checkbox"/>	Deceased <input type="checkbox"/>	Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other _____		
Collected: Date: ____/____/____ Time ____ am <input type="checkbox"/> pm <input type="checkbox"/> By: _____					
Breath Alcohol Results: _____ (If DUI of lesser offense, no drug testing will be performed when breath or blood level is equal to or greater than 0.08 gm%.) Analysis Requested: Alcohol <input type="checkbox"/> Drug Screen <input type="checkbox"/> <input type="checkbox"/> Other (specify) _____			Comments: (Known Diseases, Drugs Suspected, Etc.)		
Nature of Death: Accidental <input type="checkbox"/> Natural <input type="checkbox"/> Suicide (overdose) <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Suicide (other) <input type="checkbox"/> Specify _____					
Has other evidence been submitted to the laboratory on this case? Yes <input type="checkbox"/> No <input type="checkbox"/> Laboratory Number: _____					
I certify this evidence is associated with a criminal or death investigation. Signature: _____ Requesting Individual			Evidence submitted by: Signature: _____ Submitting Individual		
For Laboratory Use Only					
Specimen Received: Date: ____/____/____ Time ____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month Day Year					
Specimen Received From: _____					
By: _____					